



Idaho State Board of Pharmacy

3380 Americana Terrace #320

PO Box 83720

Boise, ID 83720-0067

Telephone 208/334-2356

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EMPLOYER'S AFFIDAVIT

I hereby certify that this location is a registered training site for externs/interns in the State of Idaho, that I am a licensed pharmacist employed by

Pharmacy Name _____ Street address _____ city _____ state _____ zip _____ phone number _____
Extern/Intern _____ was in our employ or training for _____ hours as outlined below, and the experience was predominately related to the dispensing of drugs and medical supplies, compounding prescriptions, pharmaceutical preparations, maintaining records and reports required under the law, and as outlined in the Extern/Intern Rules of the Idaho State Board of Pharmacy (Chapter 1, Title 1, IDAPA 27, 010. -105).

MONTH: _____ YEAR: _____								MONTH: _____ YEAR: _____							
SUN	MON	TUE	WED	THU	FRI	SAT	Total	SUN	MON	TUE	WED	THU	FRI	SAT	Total
Sample: 7/1/00 6 hrs															
Please list dates and hours worked.															

The above information was taken from payroll records or pharmacy records stored at _____

Pharmacist name (print) _____ Facility name _____
Idaho pharmacist license _____

Preceptor site license _____ Pharmacist signature _____

TO BE COMPLETED BY INTERN/EXTERN

An Employer's Affidavit shall be submitted to the Board by the intern or extern at the termination of each training period or site location. This form will be supplied by the Board and will be certified by the supervising pharmacist in any of the following situations: for interns/externs at the termination of any specific training period or site location; for the intern/extern who, for approved reasons, must terminate a program or change sites; for graduated interns as of the date the intern reaches the aggregated total of required experience hours.

- Experience time will not be accredited unless the affidavits are submitted within 30 days from the ending date of the training period
- During an extended period of time at one training site hours should be submitted for Board approval approximately every two months to insure proper documentation of accumulated hours

I _____ acknowledge that I have read and understand the Certification of Experience requirements printed above.